

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35402

State File No.

FILED NOV 6, 1952		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 476	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) 17 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		1495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 225 N. WALL				d. STREET ADDRESS (If rural, give location) 225 N. WALL		0	
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) ALBERT		b. (Middle) FOGG		c. (Last)	
4. DATE OF DEATH OCT. 28, 1952							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH NOV. 2, 1859	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD WORKER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALBERT FOGG		13b. MOTHER'S MAIDEN NAME ANNA KRUGER		14. NAME OF HUSBAND OR WIFE ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ANNA FOGG, 301 W. ARMOUR, KANSAS CITY		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerations of age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 6, 1952, to Oct 28, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 6-7 p.m., from the causes and on the date stated above.							
23a. SIGNATURE P. M. Starnes		23b. ADDRESS Stark City, Mo.		23c. DATE SIGNED Oct 31, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-30-52		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 10-31-52		REGISTRAR'S SIGNATURE J. O. James		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-5-52
Jasper County Health Office
County File Number 52/11/86
Date Filed 11-5-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.